

REPORT OF A CASE OF IRREDUCIBLE BACKWARD
DISLOCATION OF THE BONES OF THE
LEG AT THE KNEE-JOINT.

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OCTOBER 24, 1897, Mrs. B. was thrown from her horse, alighting, as she believes, on her feet, and then falling to the ground. When seen by the reporter, some seven hours after the accident, in addition to a wound over the internal condyle of the right femur, exposing the bone, the patella was missing from the intercondyloid notch, and the bones of the leg, notwithstanding the great swelling of the joint, were located high up in the popliteal space. The leg was shortened, rotated laterally, very much swollen, and cold from the obstructed circulation. Under chloroform, a prolonged attempt was made to effect reduction, but without success. She was therefore brought into the town, a distance of thirty miles, where, the next day, with the assistance of Dr. Porter, a prolonged attempt, using all the force consistent with safety, was made to effect reduction, still without success. On account of the infected wound and the surroundings of the patient, it was deemed inadvisable to resort to any operative procedure at the time. In the course of the following three months, on account of pressure, another wound, the size of a fifty-cent piece, appeared over the external condyle of the femur. This wound, with the one which occurred at the time of the accident, under the influence of rest and cleanliness finally healed. Being fearful of an operation, and in the hope that the leg would in some measure serve for locomotion, the patient, after the external wounds were healed, attempted to walk with the assistance of crutches. The leg being shortened to the extent of four inches, and having no support except the soft structures behind the knee, pressure against which caused pain and swelling, it became evident that the leg was not only of no use, but in the way; so on June 25, 1898, eight months

after the accident, a resection of the knee-joint was made. The patella was found surrounded by dense adhesions and perfectly fixed near the head of the fibula. The ligamentum patellae was intact, also the connection of the upper part of patella with the quadriceps femoris. This condition, in my opinion, was the cause of failure to reduce the dislocation, as at the time the effort to effect reduction was made repeated attempts with the leg in different positions to make the patella slip over the external condyle of the femur failed completely. One authority, speaking of dislocation of the knee, says, "On account of the extensive laceration of structures about the knee-joint which must take place before great dislocation can occur, the reduction of such an injury is accomplished with ease." This statement was not borne out by our experience in this case. After dissecting out the patella, an attempt was made to bring the leg in apposition with the lower end of the femur, but, on account of adhesions, this was impossible. The leg was flexed on the thigh as much as possible, considerable force being used; and the adhesions, as they presented themselves, were divided, great care being exercised, as the dissection progressed backward, to avoid wounding the popliteal vessels. In order to bring the leg into position to saw off the articular surface of the tibia, it was necessary to divide both hamstring tendons; and even then quite a section had to be taken from the articular surfaces of femur and tibia before the bones could be properly fitted. The bones were held in position by Wyeth's fixation drills. At the end of seven weeks from date of operation, the patient could bear her whole weight on the leg, the bones having firmly united. In a very short time she was able to discard her crutches, and, with the exception of some swelling in the lower leg after prolonged use of it, there has been no trouble, and at the present time, two years after the accident, she is able to walk with no discomfort and the leg is as strong as ever.